

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Galen M. Gareis

CASE: 6500-1583.2

SERIAL NO.: 09/765,914

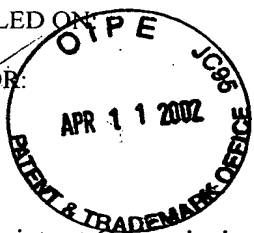
FILED ON: 01/18/01

FOR: High Performance Data Cable

Art Unit: 2831

Examiner: Mayo III, W.

Assistant Commissioner for Patents  
Washington D.C. 20231



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[x] AUTHORIZATION TO PAY AND PETITION FOR THE ACCEPTANCE OF ANY NECESSARY FEES. If any charges or fees must be paid in connection with the following Communication, they may be paid out of our deposit account 12-0913. If this payment also requires a Petition, please construe this authorization to pay as the necessary Petition which is required to accompany this payment.

CERTIFICATE OF MAILING

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Name of person signing Terri Dickinson

Signature

AMENDMENT AND RESPONSE

The enclosed amendment and remarks are being filed in connection with a request for continued Examination Transmittal, PTO SB/30.

In the Specification

Please amend the specification to amend the below paragraphs to read as shown. A version showing insertions and deletions is attached.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST****FOR****CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

Address to:  
Commissioner for Patents  
Box RCE  
Washington, DC 20231

Application Number 09/765,914  
Filing Date 01/18/2001  
First Named Inventor Galen M. Gareis  
Art Unit 2831  
Examiner Name W.H. Mayo, III  
Attorney Docket Number 6500-1583.2

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR §1.114**a. ☐ Previously submitted

i. ☐ Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on \_\_\_\_\_  
(Any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

iii. ☐ Other \_\_\_\_\_

b. ☒ Enclosed

i. ☒ Amendment/Reply

iii. ☒ Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☐ Other \_\_\_\_\_

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of \_\_\_\_\_ months (Period of suspension shall not exceed 3 months; Fee under 37 CFR §1.17(i) required)

b. ☐ Other \_\_\_\_\_

3. **Fees** The RCE fee under 37 CFR §1.17(e) is required by 37 CFR §1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 12-0913

i. ☐ RCE fee required under 37 CFR §1.17(e)

ii. ☐ Extension of time fee (37 CFR §§1.136 and 1.17)

iii. ☐ Other \_\_\_\_\_

b. ☒ Check in the amount of \$ 710 enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

**WARNING: Information on this form may become public. Credit card information should not**

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print / Type)

Robert F.I. Conte

Registration No. (Attorney / Agent)

20,354

Signature

Date

Mar 28, 2002

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print / Type)

Jorge Galvan

Signature

Date

3-28-02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.

04/12/2002 RCHN001 00000111 120913 09765914

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filed

4.11.02

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/765914

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

|                                                           |               |              |
|-----------------------------------------------------------|---------------|--------------|
| TOTAL CLAIMS                                              |               |              |
| FOR                                                       | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 6 minus 20= * | —            |
| INDEPENDENT CLAIMS                                        | 2 minus 3= *  | —            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

|           |        |
|-----------|--------|
| RATE      | FEE    |
| BASIC FEE | 370.00 |
| X\$ 9=    |        |
| X42=      |        |
| +140=     |        |
| TOTAL     |        |

OR

|           |        |
|-----------|--------|
| RATE      | FEE    |
| BASIC FEE | 740.00 |
| X\$18=    | 6      |
| X84=      |        |
| +280=     |        |
| TOTAL     | 740-   |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

|             |                                                                         |                                  |   |                                    |               |
|-------------|-------------------------------------------------------------------------|----------------------------------|---|------------------------------------|---------------|
| AMENDMENT A |                                                                         | CLAIMS REMAINING AFTER AMENDMENT |   | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total                                                                   | *                                | 6 | Minus                              | ** 20 = —     |
|             | Independent                                                             | *                                | 2 | Minus                              | *** 3 = —     |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |   |                                    |               |

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

OR

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$18=           | 6              |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

E

(Column 1)

(Column 2)

(Column 3)

|             |                                                                         |                                  |   |                                    |               |
|-------------|-------------------------------------------------------------------------|----------------------------------|---|------------------------------------|---------------|
| AMENDMENT B |                                                                         | CLAIMS REMAINING AFTER AMENDMENT |   | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total                                                                   | *                                | 8 | Minus                              | ** 20 = —     |
|             | Independent                                                             | *                                | 3 | Minus                              | *** 3 = —     |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |   |                                    |               |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

OR

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$18=           | 6              |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

(Column 1)

(Column 2)

(Column 3)

|             |                                                                         |                                  |  |                                    |               |
|-------------|-------------------------------------------------------------------------|----------------------------------|--|------------------------------------|---------------|
| AMENDMENT C |                                                                         | CLAIMS REMAINING AFTER AMENDMENT |  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total                                                                   | *                                |  | Minus                              | ** =          |
|             | Independent                                                             | *                                |  | Minus                              | *** =         |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |  |                                    |               |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$ 9=           | 6              |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

OR

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$18=           |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

RCE